THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL No. 995 Session of 2009

INTRODUCED BY ORIE, BROWNE, PILEGGI, RAFFERTY, WAUGH, M. WHITE, EARLL AND D. WHITE, JULY 6, 2009

REFERRED TO PUBLIC HEALTH AND WELFARE, JULY 6, 2009

AN ACT

1 2 3 4 5	Amending the act of June 13, 1967 (P.L.31, No.21), entitled "An act to consolidate, editorially revise, and codify the public welfare laws of the Commonwealth," further providing for medical assistance benefit packages and Medicaid managed care organizations; and making inconsistent repeals.
6	The General Assembly of the Commonwealth of Pennsylvania
7	hereby enacts as follows:
8	Section 1. Section 454(d) of the act of June 13, 1967
9	(P.L.31, No.21), known as the Public Welfare Code, added July 7,
10	2005 (P.L.177, No.42), is amended and the section is amended by
11	adding a subsection to read:
12	Section 454. Medical Assistance Benefit Packages; Coverage,
13	Copayments, Premiums and Rates* * *
14	(c.1) (1) Notwithstanding any other provision of this law
15	or any other law to the contrary, a Medicaid managed care
16	organization may customize benefit packages for Medicaid
17	recipients as provided in this subsection.
18	(2) The authority to customize benefit packages as provided
19	in this subsection shall not apply to:

1	(i) Medicaid recipients who are twenty-one years of age or
2	younger; or
3	(ii) Medicaid recipients who are pregnant; or
4	(iii) to any federally mandated benefits.
5	(3) The following conditions shall apply to the creation of
6	customized benefit packages pursuant to this subsection:
7	(i) Customized benefit packages shall reflect the various
8	Medicaid categories for which recipients may qualify under the
9	Medicaid program.
10	(ii) The department may not adjust premiums paid to a
11	Medicaid managed care organization based on the authority to
12	customize benefit packages as provided in this subsection.
13	(iii) Customized benefit packages offered pursuant to this
14	subsection may not exceed one-half of one percent of the total
15	premium paid to the Medicaid managed care organization,
16	excluding the Medicaid managed care organization assessment made
17	pursuant to the former Article VIII-B and any future assessment
18	imposed on managed care organizations.
19	(iv) A Medicaid managed care organization shall submit to
20	the department a copy of each customized benefit package to be
21	offered and any future modifications to be made to any
22	customized benefit package, together with an actuarial study
23	demonstrating that the customized benefit package or
24	modification is actuarially sound.
25	(v) A Medicaid managed care organization shall:
26	(A) submit the information required by subparagraph (iv) to
27	the department no later than September 1 of the year prior to
28	which the Medicaid managed care organization intends to offer
29	the benefit package or modification; and
30	(B) not offer the customized benefit package or modification

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1	to recipients prior to June 30 of the year following submission
2	to the department of the information required by subparagraph
3	<u>(iv).</u>
4	(d) As used in this section:
5	"Adult" means recipients twenty-one years of age or older,
6	except when in relation to copayments, for which the term means
7	recipients eighteen years of age or older.
8	"Benefit packages" means the list of items and services
9	covered by medical assistance, including any limitations on
10	covered items and services.
10 11	covered items and services. <u>"Medicaid managed care organization" means a Medicaid managed</u>
11	"Medicaid managed care organization" means a Medicaid managed
11 12	"Medicaid managed care organization" means a Medicaid managed care organization as defined in section 1903(m)(1)(A) of the
11 12 13	"Medicaid managed care organization" means a Medicaid managed care organization as defined in section 1903(m)(1)(A) of the Social Security Act (49 Stat. 620, 42 U.S.C. § 1396(m)(1)(A))
11 12 13 14	"Medicaid managed care organization" means a Medicaid managed care organization as defined in section 1903(m)(1)(A) of the Social Security Act (49 Stat. 620, 42 U.S.C. § 1396(m)(1)(A)) that is a party to a Medicaid managed care physical health
11 12 13 14 15	"Medicaid managed care organization" means a Medicaid managed care organization as defined in section 1903(m)(1)(A) of the Social Security Act (49 Stat. 620, 42 U.S.C. § 1396(m)(1)(A)) that is a party to a Medicaid managed care physical health contract with the department.

19 immediately, whichever is later.

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